Juthrie

STATEMENT

Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM	•	FORM	STATEMENT
CHECK ONE:		DR-1	OF
☐ This is an initial* Statement of Organization	Reset Form	(Rev. 07/2009)	ORGANIZATION
This is an amended* Statement of Organization	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	For Office Use	Only 10 = 15
*An initial Statement of Organization must be filed within 10 days of the com-		Comm. #	185/8
making expenditures, or incurring indebtedness exceeding \$750. Amendme		Indexed	
a change. Penalties may be imposed for late-filed Statements of Organization committee that exceeds \$750 in activity for another office shall file within 10 in		Audited	
DR-1 disclosing information concerning the campaign for the new office sough		Computer \\	
<b>COMMITTEE NAME</b> \$\displays\$ (A candidate's committee must include the put old name in ( ).			mending committee name,
The Committee to Re- Elas Mary Bents	n Guthrie Country	Horney	•
IMPORTANT: Indicate type of committee you are reporting for:	•		
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2)	Statewide PAC ( 3 )State Party ( 4	l )County Central Co	mmittee
(5)County Candidate (6)City Candidate (7)School Board or Other Po (10)School Board or Other Political Subdivision PAC (11) Local Ballo	olitical Subdivision Candidate(8	B)County PAC (9)C	ity PAC
1 to School Board of Other Political Subdivision PAC (11) Local Ballo	t issue (including committee inv	oived in multiple city	(county ballot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (man	datory except for a c	andidate's committee)
Name & Mary McColloch	Name ↓ ↓		
Mailing Address & Bear Creek Road	Mailing Address ↓ ↓		
City State Zin Code	City, State ↓ ↓ Zip Code ↓	i	
Redfield Towo 50233	City, State + + Zip Code + -	<u> </u>	
Phone (515) 789 - 427D	Phone ( )		\ <u>\</u> \ <u>\</u>
e-Mail	e-Mail		\ 20
INDICATE PURPOSE OF COMMITTEE - Check One Box Adva		Advocate for ballot issu	le(s) &
Comment or description:		dvocate against ballo	
All Candidates Enter:	County/Local Candidates		
Office Sought:	<del>_</del>		5 5
Political Party (if applicable)	County:(If active in multiple ballot is:	sue elections, attach ti	et of counties
	(ii active iii multiple ballot is:	sue elections, attaci i	st of coppines
District:	Date of Clarking		70
	Date of Election:		
Year Standing for Election:			
Bank Account Name (must match committee name)	Candidate name & Address or		if applicable),
	Candidate name & Address or	Parent Entity (PACs. Affiliate, or Sponsor	if applicable),
Bank Account Name (must match committee name)  ↓ ↓	Candidate name & Address or		if applicable),
Bank Account Name (must match committee name)	Candidate name & Address or		if applicable),
Bank Account Name (must match committee name)  ↓ ↓	Candidate name & Address or		if applicable),
Bank Account Name (must match committee name)  ↓ ↓  Name of Financial Institution/type of Account ↓ ↓	Candidate name & Address or    Walling Address   Mailing Address   Walling Address   Candidate name & Address or    Mailing Address   Walling Address   Wall	Affiliate, or Sponsor	,
Bank Account Name (must match committee name)  ↓ ↓	Candidate name & Address or		if applicable),
Bank Account Name (must match committee name)  ↓ ↓  Name of Financial Institution/type of Account  ↓ ↓  Mailing Address ↓ ↓	Candidate name & Address or    Walling Address   Mailing Address   Walling Address   Candidate name & Address or    Mailing Address   Walling Address   Wall	Affiliate, or Sponsor	,
Bank Account Name (must match committee name)  ↓ ↓  Name of Financial Institution/type of Account ↓ ↓	Candidate name & Address or limited Address    Mailing Address    City      City      City	Affiliate, or Sponsor	,
Bank Account Name (must match committee name)  ↓ ↓  Name of Financial Institution/type of Account  ↓ ↓  Mailing Address ↓ ↓	Candidate name & Address or    Walling Address   Mailing Address   Walling Address   Candidate name & Address or    Mailing Address   Walling Address   Wall	Affiliate, or Sponsor	,
Bank Account Name (must match committee name)  ↓ ↓  Name of Financial Institution/type of Account  ↓ ↓  Mailing Address ↓ ↓	Candidate name & Address or limited Address    Mailing Address    City      City      City	Affiliate, or Sponsor	,
Bank Account Name (must match committee name)  ↓ ↓  Name of Financial Institution/type of Account  ↓ ↓  Mailing Address ↓ ↓	Candidate name & Address or Addre	Affiliate, or Sponsor	,
Bank Account Name (must match committee name)  ↓ ↓  Name of Financial Institution/type of Account  ↓ ↓  Mailing Address ↓ ↓  City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Candidate name & Address or Addre	Affiliate, or Sponsor	,
Bank Account Name (must match committee name)  ↓ ↓  Name of Financial Institution/type of Account ↓ ↓  Mailing Address ↓ ↓  City ↓ ↓ State ↓ ↓ Zip ↓ ↓  STATEMENT OF AFFIRMATION: By filing this document the committee affirm	Candidate name & Address or   Mailing Address    City    Phone ( )  e-Mail  ms the following:	Affiliate, or Sponsor State ↓ ↓	Zip ↓ ↓
Bank Account Name (must match committee name)  \$\delta  \to  \to \	Candidate name & Address or   Mailing Address    City    Phone ( )  e-Mail  ms the following:	Affiliate, or Sponsor State ↓ ↓	Zip ↓ ↓
Bank Account Name (must match committee name)  \  \preceq \preceq \tau  Name of Financial Institution/type of Account  \  \preceq \tau  Mailing Address \ \preceq \tau  City \ \preceq \tau \text{Zip} \ \preceq \tau  STATEMENT OF AFFIRMATION: By filling this document the committee affirm  1. The committee and all persons connected with the committee understand that the rules in Chapter 351 of the lowa Administrative Code.	Candidate name & Address or Addre	Affiliate, or Sponsor  State ↓ ↓  ode chapters 68A and 6	Zip ↓ ↓  8B and the administrative
Bank Account Name (must match committee name)  V V  Name of Financial Institution/type of Account  Mailing Address  V  City V State V Zip V  STATEMENT OF AFFIRMATION: By filling this document the committee affirm  1. The committee and all persons connected with the committee understand that it rules in Chapter 351 of the lowa Administrative Code.  2. That lowa Code section 68A.402 and rule 351—4.9 require the filling of disclosus subjects the candidate or chairperson (in the case of committees other than a candidate or chairperson (in the case of committees other than a candidate)	Candidate name & Address or   Mailing Address   City   Phone ( )  e-Mail  ms the following: hey are subject to the laws in lowa Course reports and that the failure to file the	State   State   Ode chapters 68A and 6	Zip    8B and the administrative  the required due dates
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Signature of Candidate, OR, for all other committees, Chairperson